

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	3/30/01
FORMALITY REVIEW	H-S D int -	866 571	04.17.01 10/09/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	9
Original	4
1	0
2	0
3	0
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Claim	Date
Final	9
Original	4
51	0
52	0
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Claim	Date
Final	
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

 10/10/01
 C.C.
 04-17-01